



YMCA OF SOUTHERN WEST VIRGINIA

Application for Membership

PRIMARY MEMBER'S INFORMATION

Please Print Clearly

First Name: _____ MI: _____ Last Name: _____

Gender: _____ Birth Date: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Employer: _____

Emergency Contact: _____ Emergency Phone: (____) ____ - _____

FAMILY MEMBERSHIP INFORMATION

Spouse's Name (Include Middle Initial): _____ Birth Date: _____

Employer: _____ Work Phone: (____) ____ - _____

1st Child's Name (Include Middle Initial): _____ Gender: _____ Birth Date: _____

2nd Child's Name (Include Middle Initial): _____ Gender: _____ Birth Date: _____

3rd Child's Name (Include Middle Initial): _____ Gender: _____ Birth Date: _____

4th Child's Name (Include Middle Initial): _____ Gender: _____ Birth Date: _____

5th Child's Name (Include Middle Initial): _____ Gender: _____ Birth Date: _____

WAIVER

I am an adult, over 18 years of age and wish to participate in YMCA of Southern West Virginia (the "YMCA") membership/program activities, and, if applying to include my children, wish my children to participate and give them permission to participate in YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition of participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I also give the YMCA consent to treatment for myself and my children in the event of an injury and will not hold the YMCA accountable for any charges incurred. I have read this authorization, waiver and release, understand it, and am voluntarily signing it. I understand that the YMCA is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the YMCA of Southern West Virginia to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA Programs.

Primary Member's Signature: _____ Date: _____ Parent/Legal Guardian Signature: _____

FOR OFFICE USE ONLY

Membership Type (Code): _____	Y Staff Signature: _____ Date: _____
Membership #: _____	
Group # (If Applicable): _____ Group Name: _____	

FEE INFORMATION Membership Fee : \$ _____ Joiner's Fee: \$ _____ Total Amount Due: \$ _____	PAID BY: Cash Check#: _____ Credit Card: Type: _____ Expires: ___/___ Last 4 Digits: _____ - _____ - _____ - _____	PAYMENT PLAN <i>Circle One</i> Annually Monthly E-Pay* <small>*See Reverse Side for Monthly E-Pay Information</small>
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MONTHLY E-PAY AUTHORIZATION AGREEMENT

I hereby authorize my financial institution to honor the preauthorized Bank Draft or Credit/Debit Card charges against my account for my monthly membership dues as indicated below. When the financial institution honors the Bank Draft or Credit/Debit Card by charging my account, such transfer will constitute notice of payment due and my receipt for the payment. Should any preauthorized transfer not be honored by said financial institution when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge of \$25. It is further understood that if such payment is not honored by the financial institution, then the YMCA will cancel my membership and deny me access to its facilities, programs and services until said payment is received.

Primary Member's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Yes! I choose to pay for my monthly dues by bank draft directly from my checking account.

Attach VOIDED Check to Application.

Bank Name: _____

Account Holder: _____

Routing Number: _____

Account Number: _____

Yes! I choose to pay for my monthly dues by charging my Credit or Debit Card.

Card Type: Visa Mastercard

Card Holder: _____

Card Number: _____

Expiration Date: _____

Street #: _____ Zip Code: _____

Account/Card Holder's Authorized Signature: _____ Date: _____

MEMBERSHIP TERMS & CONDITIONS

1. I understand by joining that the YMCA's bank draft schedule is as follows:

Join Date: 27th – 15th, Draft Date: 15th

Join Date: 16th – 26th, Draft Date: 1st

Member's Initials: _____

2. I understand if I wish to cancel or change my membership in any way, I must give the YMCA a written notice at least 15 business days prior to my next scheduled draft date or an additional, **non-refundable** draft may occur. I understand I must turn in my membership card(s) upon cancellation.

Member's Initials: _____

3. Should any membership deduction not be honored by my bank for any reason, I realize I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may make. I understand it is my responsibility to notify the YMCA in writing at least 15 business days prior to my next scheduled draft should I change my financial institution and/or account at any time.

Member's Initials: _____

4. The YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my membership category at any time. I understand I will receive at least a 30 day notice prior to any such change in my membership fees.

Member's Initials: _____

5. Membership cards remain the property of the YMCA and must be surrendered upon request.

Member's Initials: _____

CODE OF CONDUCT

I understand that YMCA staff are trained to enforce basic rules of conduct. I also understand that children and adults are expected to act in a respectful manner while visiting the YMCA facility or participating in any programs. I understand the YMCA's Code of Conduct does not permit any language or action that may threaten or injure another person, or that falls below a generally accepted standard of conduct. Specifically, this includes, but is not limited to, Improper Attire, Angry or Vulgar Language, Arguing & Fighting, Harassment or Intimidation, Sexual Activity or Contact. I understand that it is the YMCA's expectation that all members, participants, and guests follow basic rules of conduct or they will be asked to leave the facility or grounds and may be in jeopardy of losing their YMCA membership. By joining, I understand that I am holding myself to this standard and that my family members and guests will do the same.

Primary Member's Signature: _____ Date: _____